**Let’s PARTI**

Mobility for Youth Workers

PARTICIPATION APPLICATION FORM

18. July – 21. July 2024, Stará Turá Slovakia

Name of the organisation:

Name of the participant:

Date of birth:

Country of residence (+city):

Email:

Phone number:

T-shirt size:

1. What is your level of English (elementary, intermediate, advanced)?

|  |
| --- |
|  |

1. Do you have any health issues? Are you allergic to anything? Do you take any medication? Which one?

|  |
| --- |
|  |

3. Do you have dietary needs (vegetarian, celiatic disease, etc.)?

|  |
| --- |
|  |

4. Anything else?

|  |
| --- |
|  |

5. What is your motivation to participate?

|  |
| --- |
|  |

Participant’s signature

**\* Registration is open until February 29, 2024**